



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Cragg et al.
Appl. No.	:	09/782,534
Filed	:	February 13, 2001
For	:	APPARATUS FOR PERFORMING A DISCECTOMY THROUGH A TRANS-SACRAL AXIAL BORE WITHIN THE VERTEBRAE OF THE SPINE
Examiner	:	Kathryn Odland
Group Art Unit	:	3743

AMENDMENT AND RESPONSE TO THE OFFICE ACTION DATED APRIL 20, 2005**Mail Stop AF**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed April 20, 2005, Applicant respectfully submits the following remarks regarding the above captioned application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

3743



Docket No.: AXIAMD.006A

July 20, 2005
Page 1 of 2

Please Direct All Correspondence to Customer Number **20995**

AMENDMENT / RESPONSE TRANSMITTAL

Applicant : CRAGG, et al.
App. No : 09/782,534
Filed : February 13, 2001
For : APPARATUS FOR PERFORMING A
DISCECTOMY THROUGH A TRANS-
SACRAL AXIAL BORE WITHIN THE
VERTEBRAE OF THE SPINE
Examiner : ODLAND, KATHRYN
Art Unit : 3743

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

July 20, 2005

(Date)

Gerard von Hoffmann
Gerard von Hoffmann, Reg. No. 33,043

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) AMENDMENT AND RESPONSE TO OFFICE ACTION DATED APRIL 20, 2005 in pages.

The fee has been calculated as shown below:

The present application qualifies for Small Entity Status under 37 CFR 1.27.

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Excess Claims > 20	7 - 51 = 0	2202 (\$25)	0 x 25 =	\$0
Independent > 3	1 - 1 = 0	2201 (\$100)	0 x 100 =	\$0
Multiple Claim	1.16(j)	2203 (\$180)		\$0
1 Month Extension	1.17(a)(1)	2251 (\$60)		\$0
2 Month Extension	1.17(a)(2)	2252 (\$225)		\$0
3 Month Extension	1.17(a)(3)	2253 (\$510)		\$0
			TOTAL FEE DUE	\$0

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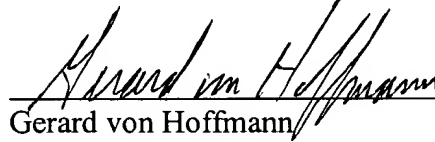
July 20, 2005

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- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Gerard von Hoffmann

Registration No. 33,043

Attorney of Record

Customer No. 20,995

(949) 760-0404